

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

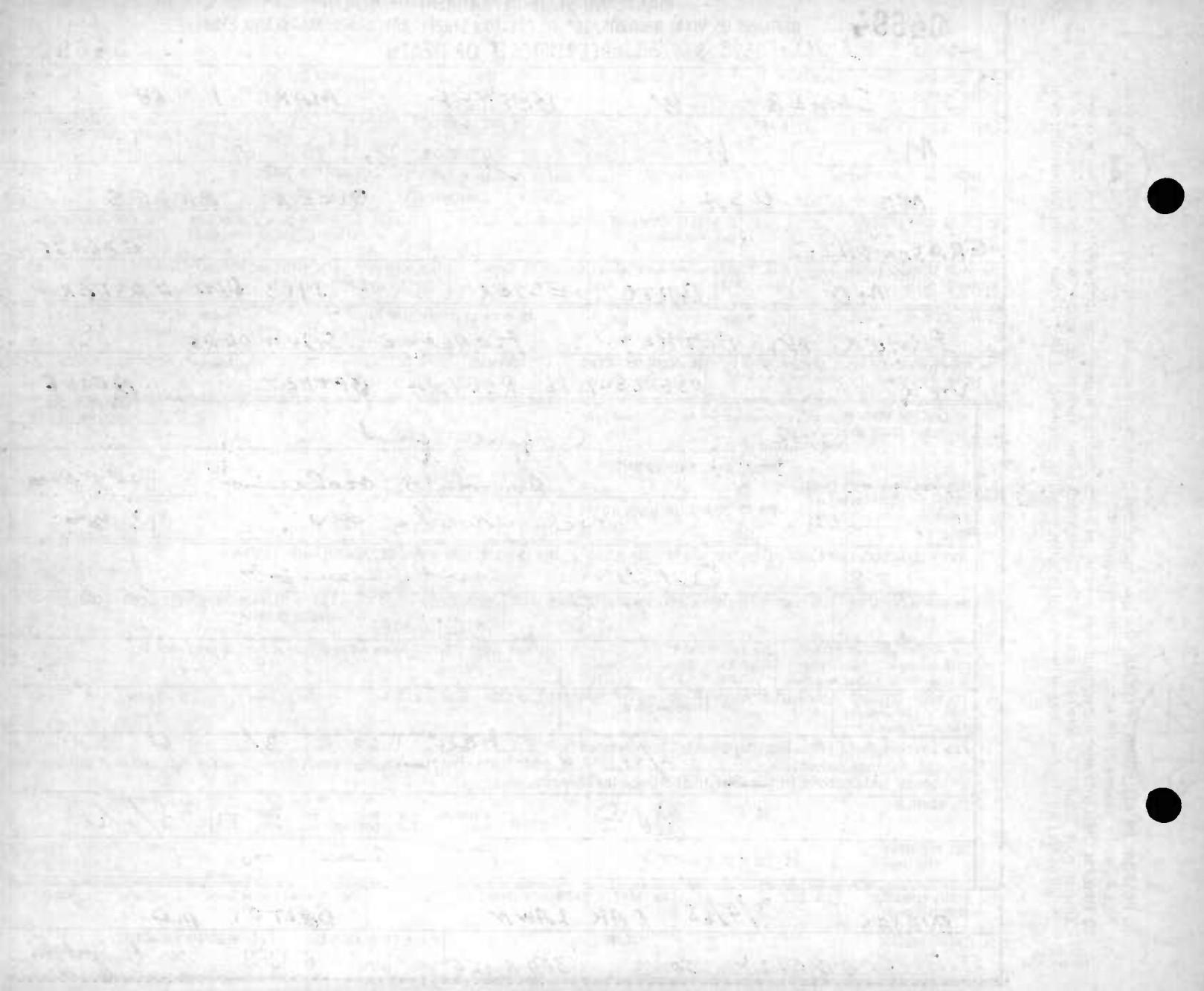
Items 5 & 6 Film G398 3/8/68 kk CERTIFICATE OF DEATH

34692

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DECEASED-NAME (Type or print)			First	Middle	Last	2a. DATE OF DEATH MAR Month / Day 68 Year	2b. HOUR
ELMER W. BETKEY							
3. SEX <i>m</i>	4. RACE <i>w</i>		5. DATE OF BIRTH <i>November 12, 1898</i>		6. AGE (in years last birthday) <i>69</i>	IF UNDER 1 YEAR MONTHS <i>69</i>	IF UNDER 24 HRS. HOURS <i>0</i>
7. BIRTHPLACE (State or foreign country) <i>MD</i>	7b. CITIZEN OF WHAT COUNTRY? <i>USA</i>		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <i>QUEEN ANNES</i>		
10. CITY OR TOWN OF DEATH <i>GRASONVILLE</i>	11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY <i>GARAGE</i>		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <i>MD</i>	13b. COUNTY <i>BALTOV</i>	13c. CITY OR TOWN <i>ESSEX</i>	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER <i>1413 OLD EASTERN</i>			
14. FATHER'S NAME <i>FRANK W. BETKEY</i>	First	Middle	Last	15. MOTHER'S MAIDEN NAME <i>FLORENCE SAUNDERS</i>	Middle	Last	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <i>UNK</i>	16b. SOCIAL SECURITY NO. <i>086-28-9522</i>	17. INFORMANT <i>REGINA BETKEY</i>		Address <i>ABOVE</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive heart</i>							
4109 Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause last. (b) <i>Conocardiac occlusion</i>							Same day
DUE TO, OR AS A CONSEQUENCE OF (c) <i>at-cl. vascular des.</i>							? yrs
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
4201 <i>Diabetes</i> * <i>partial nephropathy</i>							
19a. DATE OF OPERATION <i>4/20/10</i>	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from <i>March, 1960</i> , to <i>3/1, 1968</i> , that (I) (we) last saw the deceased alive on <i>2/24, 1968</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <i>Patt</i>	DEGREE <i>MD</i>	ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED <i>3/2/10</i>			
22d. PHYSICIAN'S NAME (Type) <i>J. BLATT, M.D.</i>	22e. ADDRESS <i>Essex MD.</i>						
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>3/4/68</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>OAK LAWN</i>	23d. LOCATION (City or Town) <i>BALTO. MD.</i>	(County)	(State)		
24. FUNERAL DIRECTOR <i>J.G. CONNELLY SONS</i>	ADDRESS <i>300 MACE</i>	25a. REC'D BY REGISTRAR DATE <i>MAR 6 1968</i>	25b. REGISTRAR'S SIGNATURE <i>Charles Jungen</i>				



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04693

04695

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the attending physician or attending physician director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)		First Mary	Middle Elizabeth	Last Griffin	2a. DATE OF DEATH Month 3	Day 25	Year 68	2b. HOUR M	
3. SEX Female		4. RACE Negro		5. DATE OF BIRTH 6-20-1881		6. AGE (In years last birthday) 86		IF UNDER 1 YEAR MONTHS IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Queen Anne			
10. CITY OR TOWN OF DEATH Near Queenstown		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Queenstown, Maryland		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife		12b. KIND OF BUSINESS OR INDUSTRY None			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Queen Anne		13c. CITY OR TOWN Queenstown		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER None	
14. FATHER'S NAME William		First James	Middle Stewart	Last	15. MOTHER'S MAIDEN NAME Sarah	First Elizabeth	Middle Brown	Last	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes or unknown No		16b. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Ethel Greene, Queenstown, Maryland		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>CARDIOVASCULAR ACCIDENT (STROKE)</i> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3-23-68 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause</u> <i>Hypertension</i> Remote (b) <i>Hypertension</i> DUE TO, OR AS A CONSEQUENCE OF (c)									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>443x</i>									
19a. DATE OF OPERATION <i>443x</i>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input checked="" type="checkbox"/> at work		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County	State
22a. I certify that (I) (his hospital) attended the deceased from <u>7-28</u> , 19 <u>67</u> , to <u>3-25</u> , 19 <u>68</u> , that (I) (we) last saw the deceased alive on <u>3-25</u> 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) did <input checked="" type="checkbox"/> not view the body after death.									
22b. SIGNATURE <i>Ralph E. Libby</i>		DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 3-28-68				
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS <i>GRASONVILLE, MD.</i>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>3/30/68</i>		23c. NAME OF CEMETERY OR CREMATORIAL <i>Carmicheal</i>		23d. LOCATION (City or Town) <i>Carmicheal, Queen Anne, Md.</i>		(County) (State)	
24. FUNERAL DIRECTOR <i>Barbara L. Dashiell</i>		426 ADDRESS <i>11 Dover Street</i>		25a. REC'D BY REGISTRAR <i>APR 1 - 1968</i>		25b. REGISTRAR'S SIGNATURE <i>Barbara L. Dashiell</i>			

29320



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item 130 Film G398 3/15/68 kk

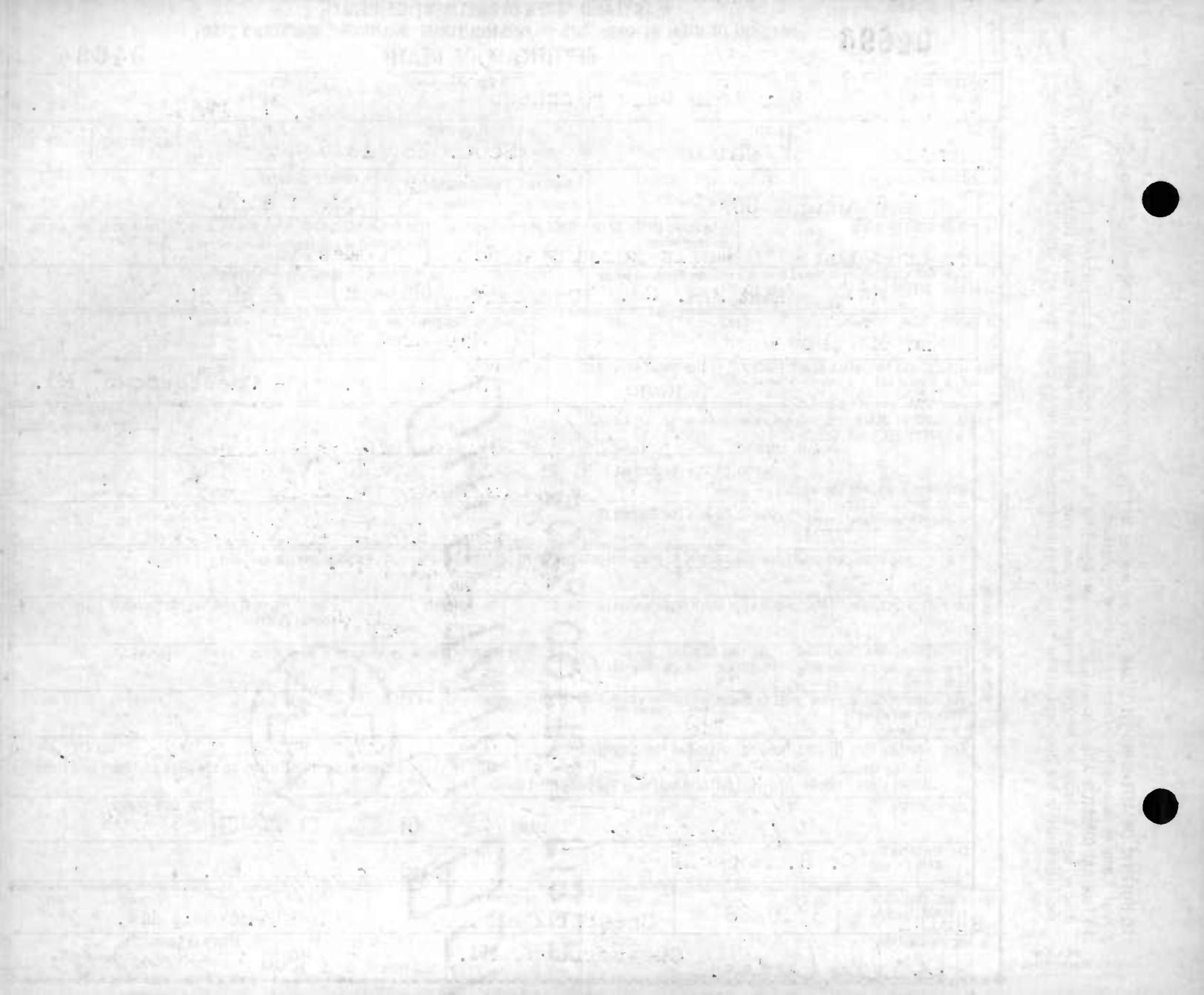
CERTIFICATE OF DEATH

04694

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First	Middle	Lost	20. DATE OF DEATH Month	2b. HOUR Year
Virginia Dare Matthews				Mar. 7, 1968	3 P. M.
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN	
female	White	Sept. 28, 1876	91 YRS.		
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH		
Maryland Queen Anne	USA		Queen Anne		
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY		
nr. Crumpton	Walls Nursing Home	Domestic			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER		
Md.	Kent Co.	Chestertown	High St.		
14. FATHER'S NAME	First	Middle	IS. MOTHER'S MAIDEN NAME	First	Middle
Wm. Matthews			Margaret Silcox		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address		
no	none	Jessie Powers - Chestertown, Md.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)					
PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (o) <u>Cardio Vascular Disease</u>					
4129 DUE TO, OR AS A CONSEQUENCE OF					
Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause (b) <u>Chronic Myoscleritis</u>					
DUE TO, OR AS A CONSEQUENCE OF					
(c) <u>Pneumothorax Scleritis</u>					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)					
4221					
19a. MEDICAL CERTIFICATION	19b. DATE OF OPERATION	19c. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
	210. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
		P.M.	<u>4/4/68</u>		
	21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County
		<u>210</u>			State
22a.	I certify that (I) (this hospital) attended the deceased from <u>04</u> , 19 <u>67</u> , to <u>July 7, 1968</u> , that (I) (we) last saw the deceased alive on <u>July 3, 1968</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.				
22b. SIGNATURE	<u>C. H. Metcalfe</u>				22c. DATE SIGNED 3/7/68
22d. PHYSICIAN'S NAME (Type)	C. H. Metcalfe				DEGREE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS.
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORIUM	23d. LOCATION (City or Town)	(County)	(State)
Burial	3/10/68	Chester Cemetery	Chestertown, Md.		
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE		
	Chestertown, Md.	DATE MAR 12 1968	<u>Charles Jugeo</u>		



FOR STATE
HEALTH DEPT.

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04697 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04695

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1and2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First	Middle	Lost	20. DATE KNOWN <input type="checkbox"/> Month Day Year (or ESTI- DEATH MATED <input checked="" type="checkbox"/> 3 23 1968 10 p.m.	2b. HOUR	
Emma Elizabeth Robinson						
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (in years lost birthday) 70 yrs	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS DAYS HOURS MIN	2c. DATE PRONOUNCED DEAD Month 3 Day 23 Year 1968 11 p.m.
FEMALE	Colored	JANUARY 22, 1898				
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH QUEEN ANNE'S			
Maryland	U.S.A.					
10. CITY OR TOWN OF DEATH Centreville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) DAY WORK	12b. KIND OF BUSINESS OR INDUSTRY Domestic			
	RURAL					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland	13c. CITY OR TOWN QUEEN ANNE'S Centreville	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Route #7 Miss Alethia Robinson, Centreville, Md. 21617			
14. FATHER'S NAME Unknown	First	Middle	Lost	15. MOTHER'S MAIDEN NAME Unknown	Middle	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16b. SOCIAL SECURITY NO. (If yes give war or dates of service)	17. INFORMANT daughter	ADDRESS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
No	214-52-2387	Miss Alethia Robinson, Centreville, Md. 21617	ROUTE #7	15 mins.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO, OR AS A CONSEQUENCE OF 410.9 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF (c) 2 years						
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 420.1						
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 19			
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> ACTUAL SIGNATURE John R. Smith, Jr.						
EXAMINER'S NAME (Type)		CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ADDRESS (Street, city, town, or county)			22b. DATE SIGNED 3/27/68 110 Broadway, Centreville	
23a. BURIAL/CREMATION, REMOVAL(Specify) Burial		23b. DATE March 27, 1968	23c. NAME OF CEMETERY OR CREMATORIAL Roseville Cemetery	23d. LOCATION (City or Town) Church Hill, Queen Anne's Md.	(County)	(State)
24. FUNERAL DIRECTOR James H. Bailes Jr., Baile Bros., Centreville, Md.		ADDRESS	25a. RECD BY REGISTRAR APR 1 - 1968	25b. REC'D. CLERK'S SIGNATURE John R. Smith, Jr.		

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <i>Queen Anne</i>		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <i>Grasonville</i>		c. LENGTH OF STAY IN 1b <i>xxx</i>		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Queen Anne</i>								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i>xxx</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>														
3. NAME OF DECEASED (Type or print)	First <i>Edward</i>	Middle <i>Carl</i>	Last <i>Smith Jr.</i>	4. DATE OF DEATH <i>March 3 1968</i>	Month <i>March</i>	Day <i>3</i>	Year <i>68</i>	5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 8, 1954</i>	9. AGE (In years last birthday) <i>13 yrs.</i>	10. IF UNDER 1 YEAR Months <i>13</i>	11. IF UNDER 24 HRS. Days <i>0</i>	12. IF UNDER 24 HRS. Hours <i>0</i>	13. IF UNDER 24 HRS. Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>INDUSTRY</i>	11. BIRTHPLACE (County & State, or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>												
13. FATHER'S NAME <i>Edward Smith</i>	14. MOTHER'S MAIDEN NAME <i>Gladys Mansfield</i>															
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>Address</i>	17. INFORMANT <i>Edward Smith - Grasonville, Md.</i>														
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]										INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonitis</i>										<i>36 hours</i>						
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. <i>743.9</i>										<i>13 yrs</i>						
DUE TO (b) <i>Cardiomegaly, Cardiac, pulmonary defect</i>										<i>Birth Defect</i>						
DUE TO (c) <i>Congenital heart abnormality (Birth Defect)</i>										<i>13 yrs</i>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>753.1</i>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>						
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)														
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)										
21. I certify that (I) (this hospital) attended the deceased from <i>Apr. 1, 1967</i> , to <i>Mar. 3, 1968</i> , that (I) (we) last saw the deceased alive on <i>Mar. 3, 1968</i> , and that death occurred at <i>M</i> , from the causes and on the date stated above.										22b. DATE SIGNED						
22a. SIGNATURE <i>J. R. Smith Jr.</i>										22b. DATE SIGNED						
22c. PHYSICIAN'S NAME (Type) <i>John R. Smith, Jr.</i>		22d. ADDRESS <i>Centreville, Maryland</i>														
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE THEREOF <i>Mar. 6</i>		23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS <i>Chesterfield</i>		23d. LOCATION (City, town or county) (State) <i>Centreville, Maryland</i>										
24. FUNERAL DIRECTOR <i>Edgar L. Lane</i>		ADDRESS <i>Church Hill, Maryland</i>		25a. REC'D. BY REGISTRAR <i>Charles Judge</i>		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>										

